



DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

26 JAN 2017

MEMORANDUM FOR SGVT

ATTN: CAPT MATTHEW KOROSCIL

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **Chronic Pulmonary Blastomycosis Mimicking Pulmonary Tuberculosis** presented at/published to **American Thoracic Society, Washington D.C., 19-24 May 2017** in accordance with MDWI 41-108, has been approved and assigned local file #**17038**.
2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.
4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

*Linda Steel-Goodwin*

LINDA STEEL-GOODWIN, Col, USAF, BSC  
Director, Clinical Investigations & Research Support



## PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

### INSTRUCTIONS

#### USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

1. The author must complete page two of this form:
  - a. In Section 2, add the funding source for your study [ e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP) ; Grants; etc.]
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2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
4. Attach a copy of your abstract, paper, poster and other supporting documentation.
5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.
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9. Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. **Note:** For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.
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11. The Joint Ethics Regulation (JER) DoD 5500.07-R, *Standards of Conduct*, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. **If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review.** To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

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If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

**NOTE:** All abstracts, papers, posters, etc., should contain the following disclaimer statement:

**"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"**

**NOTE:** All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:

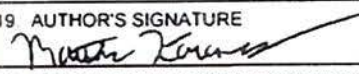

**"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02\_AFI 40-402."**

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**"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."**



# **PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS**

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol) Matthew Koroscil, Capt, 0-3	3. GME/GHSE STUDENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. PROTOCOL NUMBER:
5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)			
6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED: Chronic Pulmonary Blastomycosis Mimicking Pulmonary Tuberculosis			
7. FUNDING RECEIVED FOR THIS STUDY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FUNDING SOURCE:			
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9. IS THIS MATERIAL CLASSIFIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NOTE: If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.			
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<input type="checkbox"/> 11a. PUBLICATION/JOURNAL (List intended publication/journal.)			
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<input checked="" type="checkbox"/> 11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.) American Thoracic Society, Washington DC, May 19-24			
<input type="checkbox"/> 11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meeting.)			
<input type="checkbox"/> 11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)			
12. HAVE YOUR ATTACHED RESEARCH/TECHNICAL MATERIALS BEEN PREVIOUSLY APPROVED TO BE PUBLISHED/PRESENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO ASSIGNED FILE # _____ DATE _____			
13. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).			
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14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email) Koroscil, Matthew, T, matthew.t.koroscil.mil@mail.mil			15. DUTY PHONE/PAGER NUMBER 916-6966/220-8111
16. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.			
LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author Koroscil, Matthew, T	0-3/Capt	959 CSPA/SGVT	
b. Skabelund, Andrew, J	0-4/Maj	59 MDG	
c.			
d.			
e.			
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18. AUTHOR'S PRINTED NAME, RANK, GRADE Matthew Koroscil, Capt, 0-3		19. AUTHOR'S SIGNATURE 	20. DATE 23 JAN 2017
21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE EDWARD J MILANEY, Maj, 0-4		22. APPROVING AUTHORITY'S SIGNATURE 	23. DATE 23 JAN 2017

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS		
<b>1st ENDORSEMENT (59 MDW/SGVU Use Only)</b>		
TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	24. DATE RECEIVED <div style="font-size: 1.2em; font-family: cursive;">17038</div>	25. ASSIGNED PROCESSING REQUEST FILE NUMBER <div style="font-size: 1.2em; font-family: cursive;">23-Jan-2017</div>
26. DATE REVIEWED <div style="font-size: 1.2em;">25 Jan 2017</div>		27. DATE FORWARDED TO 502 ISG/JAC
28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES If yes, give date. _____ <input type="checkbox"/> N/A		
29. COMMENTS <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <div style="padding: 5px;">Single patient case study with appropriate disclaimers and no COI. Approved</div>		
30. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Kevin Kupferer/GS13/Hum Res Subj Prot Expert	31. REVIEWER SIGNATURE <div style="font-family: monospace; font-size: 1.1em;">KUPFERER.KEV</div> <div style="font-family: monospace; font-size: 1.1em;">IN.R.10866672</div> <div style="font-size: 0.8em; font-family: monospace; margin-top: 2px;">             Digitally signed by KUPFERER.KEVIN.R.1086667270              DN: c=US, o=U.S. Government,              ou=DoD, ou=PKI, ou=USAF,              cn=KUPFERER.KEVIN.R.1086667270              Date: 2017.01.25 16:32:32 -06'00'           </div>	
32. DATE <div style="font-size: 1.2em;">25 Jan 2017</div>		
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36. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	37. REVIEWER SIGNATURE	38. DATE
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42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Kevin Iinuma, SSgt/E-5, 59 MDW Public Affairs	43. REVIEWER SIGNATURE <div style="font-family: monospace; font-size: 1.1em;">IINUMA.KEVIN.MITSUGU.</div> <div style="font-family: monospace; font-size: 1.1em;">1296227613</div> <div style="font-size: 0.8em; font-family: monospace; margin-top: 2px;">             Digitally signed by IINUMA.KEVIN.MITSUGU.1296227613              DN: c=US, o=U.S. Government, ou=DoD, ou=PKI,              ou=USAF, cn=IINUMA.KEVIN.MITSUGU.1296227613              Date: 2017.01.25 10:41:44 -06'00'           </div>	
44. DATE <div style="font-size: 1.2em;">January 25, 2017</div>		
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Abstract 3827

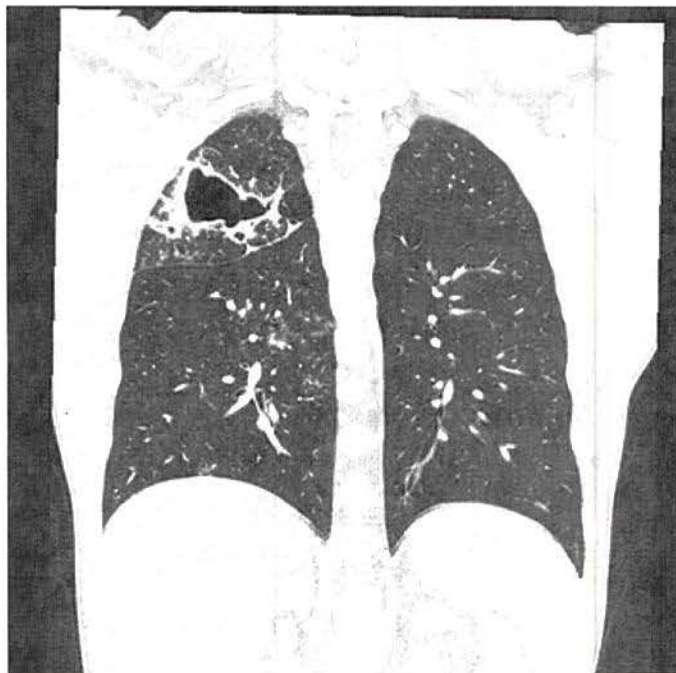
Chronic Pulmonary Blastomycosis Mimicking Pulmonary Tuberculosis

Type: Case Report

Topic: 19. Lung Infection (Non-Mycobacterial, i.e., Bacterial, Viral, Fungal, HIV, etc.) / Adult / Case Report / Microbiology, Tuberculosis and Pulmonary Infections (MTPI)

Authors: M. Koroscil; San Antonio Military Medical Center - San Antonio, TX/US

#### Abstract Body



**Introduction:** *Blastomyces dermatitidis* is a dimorphic fungus endemic to the Mississippi River valley. Severe pulmonary disease secondary to blastomycosis is rare in immunocompetent individuals. We describe a case of chronic pulmonary blastomycosis complicated by large pulmonary cavitation which was originally misdiagnosed as active pulmonary tuberculosis.

**Case Presentation:** A 25-year-old male presented to his primary care provider with complaints of hemoptysis, fatigue, weight loss, and fever. The patient had previously lived in Oklahoma, but moved to Louisiana one year prior to presentation. Chest radiograph showed bilateral upper lobe opacities with right upper lobe (RUL) cavitation. CT chest with contrast identified a 3.0 x 3.5 x 5.0 cm cavitory lesion in the RUL with extensive bilateral lung tree-in-bud opacities. The chest imaging was highly suspicious for pulmonary tuberculosis per radiology report. The patient was admitted to an outside hospital and underwent bronchoscopy with transbronchial biopsy and bronchoalveolar lavage (BAL) of the RUL. The patient's sputum and BAL cultures were negative for bacteria, fungus, and acid fast bacteria. Cytology showed acute on chronic inflammation with eosinophilic degranulation. Interferon-gamma release assay for tuberculosis was negative while histoplasmosis serum antigen was positive. The patient was begun on isoniazid, rifampin, pyrazinamide, and ethambutol therapy for active pulmonary tuberculosis. The patient was discharged, but returned to the emergency department approximately 3 months later with recurrent hemoptysis and progression of the RUL cavitory lesion on repeat CT chest. Repeat bronchoscopy was performed and itraconazole was initiated for presumptive pulmonary histoplasmosis. Fungal culture of the RUL tissue grew *Blastomyces dermatitidis*. The patient's symptoms and chest imaging significantly improved with continuation of itraconazole.

**Discussion:** Chronic pulmonary blastomycosis can present with hemoptysis, weight loss, night sweats, and chronic cough. This constellation of symptoms may be indistinguishable from chronic pulmonary histoplasmosis, pulmonary tuberculosis, or lung cancer. The history of the patient's recent move to the Mississippi River valley with negative acid fast cultures and positive Histoplasma serum antigen should have raised suspicion of blastomycosis and histoplasmosis, for which the treatment is similar. Approximately 90% of patients with

blastomycosis will cross-react with serum Histoplasma antigen testing as illustrated in this case. Alternative diagnoses must be extensively excluded prior to initiating antituberculous therapy for culture-negative pulmonary tuberculosis.

Conclusion: Clinicians should consider chronic pulmonary blastomycosis in the differential diagnosis of cavitary lung disease, especially in endemic areas. The presentation of chronic pulmonary blastomycosis can mimic potentially fatal conditions including pulmonary tuberculosis and lung cancer.

Print

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